

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
APR 6 2011  
Human Resource Division

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
ENDSLEY DEBBIE L.

1. Office, Agency, or Court

Agency Name

DEPT. OF PERSONNEL ADMIN. DIRECTOR  
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: CALPERS - BOARD MEMBER Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is / / through December 31, 2010.  
☐ Assuming Office: Date / /  
☐ Candidate: Election Year Office sought, if different than Part 1:  
☒ Leaving Office: Date Left 1/5/11 (Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is / / through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/3/11  
(month, day, year)

Signature

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>Governor Schwarzenegger</u>	
ADDRESS (Business Address Acceptable) <u>Sacramento, CA</u>	
CITY AND STATE <u>CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>6/2/10</u> AMT: \$ <u>40<sup>00</sup></u> <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Lunch @ Governor's</u> <u>Manor w/ olympians</u>	

▶ NAME OF SOURCE <u>Governor Schwarzenegger</u>	
ADDRESS (Business Address Acceptable) <u>Sacramento, CA</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>5/17/10</u> AMT: \$ <u>59<sup>00</sup></u> <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Appetizers - ARCO arena</u> <u>apprentice reception</u>	

Comments: \_\_\_\_\_

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): _____ AMT: \$ _____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): _____ AMT: \$ _____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	